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PTO/SB/50 (08-00) -
Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

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Address to:		Attorney Docket No.	GTRC69																
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor	DANYLUK, Steven																
		Original Patent Number	5,974,869																
		Original Patent Issue Date (Month/Day/Year)	2 November 1999																
		Express Mail Label No.	EL682512402US																
APPLICATION FOR REISSUE OF: (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent																
		<input type="checkbox"/> Plant Patent																	
APPLICATION ELEMENTS (37 CFR 1.173)																			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) (copy of issued patent)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) (copy of issued patent)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</p> <p>6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> </p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)</p>																			
<p>ACCOMPANYING APPLICATION PARTS</p> <p>7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c) (in Preliminary Amendment)</p> <p>8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (<i>if applicable</i>)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>Should be specifically itemized</i>)</p> <p>14. Other:</p>																			
<p>15. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label </p> <p> or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="3">Ryan A. Schneider</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td></td> <td>Fax</td> </tr> </table> <p>PATENT AND TRADEMARK OFFICE</p> <p>006980</p>				Name	Ryan A. Schneider			Address				City	State	Zip Code		Country	Telephone		Fax
Name	Ryan A. Schneider																		
Address																			
City	State	Zip Code																	
Country	Telephone		Fax																
NAME (Print/Type)	Ryan A. Schneider	Registration No. (Attorney/Agent)	45,083																
Signature		Date	1 MAY 2001																

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) GTRC69			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(j))	(B) 28	**** 18 . = x \$ 9 = 162	or OR	x \$ _____ =			
(C) 2	Independent claims (37 CFR 1.16(l))	(D) 7	* 5 = x \$ 40 = 200		x \$ _____ =			
Basic Fee (37 CFR 1.16(h)) \$ 355					\$ _____			
Total Filing Fee \$ 717					\$ _____			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ _____ =	x \$ _____ =			
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	= x \$ _____ =		x \$ _____ =		
Total Additional Fee \$ _____					\$ _____	OR	\$ _____	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>20-1507</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>717.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
<u>1 MAY 2001</u> Date					 Signature of Applicant, Attorney or Agent of Record			
<u>Ryan A. Schneider</u>					Typed or printed name			

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: DANYLUK, Steven et al.Application No./Patent No.: 5,974,869 Filed/Issue Date: 2 November 1999Entitled: NON-VIBRATING CAPACITANCE PROBE FOR WEAR MONITORINGGeorgia Tech Research Corp. , a Corporation

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel _____ Frame _____, or for which a copy thereof is attached.

OR

B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____ Frame _____, or for which a copy thereof is attached.
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[] Additional documents in the chain of title are listed on a supplemental sheet.

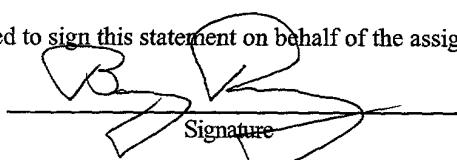
Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

2/5/01

Date



Signature

Barry Rosenberg
Typed or printed name
Director, Technology Licensing

Title